



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

August 9, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of McKenny's Irish Pub, 151 N. 8<sup>th</sup> Street requesting a class I liquor license.

Joel Schossow has requested that he be approved as the manager of the liquor license.

Mr. Schossow is a currently approved manager of two liquor licenses in the City of Lincoln.

The required training was completed on March 14<sup>th</sup> 2013.

Mr. Schossow has no criminal history of concern.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink that reads 'Jim Peschong'.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



# PREMISE INFORMATION

RECEIVED

Trade Name (doing business as) McKinney's Irish Pub  
 Street Address #1 151 North 8th St  
 Street Address #2 \_\_\_\_\_  
 City Lincoln County Lancaster Zip Code 68508  
 Premise Telephone number 402-440-1513 E-mail jws@neb.rr.com  
 Is this location inside the city/village corporate limits: ☒ YES ☐ NO  
 Mailing address (where you want to receive mail from the Commission)  
 Name Park Centers Banquet Hall  
 Street Address #1 2608 Park BLVD  
 Street Address #2 \_\_\_\_\_  
 City Lincoln State NE Zip Code 68502

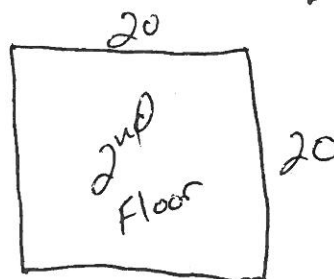
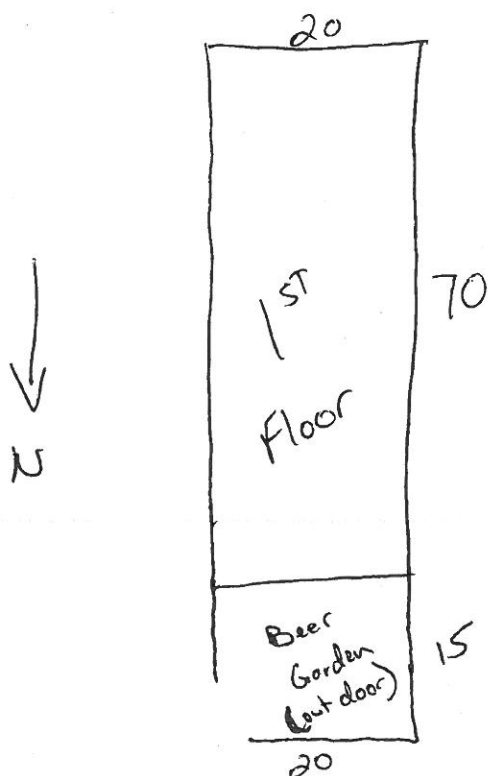
## DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

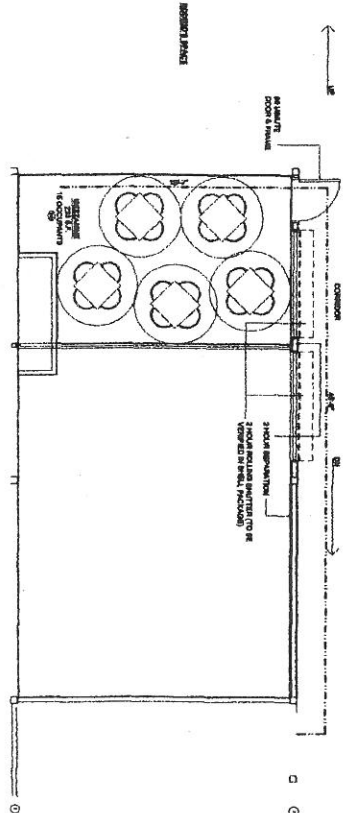
Length 70 feet  
 Width 20 feet  
 Is there a basement? Yes ☐ No ☒

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



First floor approx 20' x 70'  
 and second floor approx 20' x 20' also outdoor patio approx 20' x 15'

NEBRASKA LIQUOR  
CONTROL COMMISSION

[illegible]

This document was originally  
issued and sealed  
by Michael A. Riosera,  
A-575000  
July 19, 2013.  
This number should not be  
considered a certified  
document unless it has  
been in print.

# **APPLICANT INFORMATION**

## 1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Joel Shossow	1994	Kearney, NE	Driving under Suspension	3 month probation
C-List	Speeding Tickets			
			see ATT.	

## 2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

- Submit a copy of the sales agreement
- Include a list of alcohol being purchased, list the name brand, container size and how many
- Submit a list of the furniture, fixtures and equipment

## 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

## 4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- Attach temporary operating permit (T.O.P.) (form 125)
- T.O.P. will only be accepted at a location that currently holds a valid liquor license.

## 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

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CONTROL COMMISSION



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AUG 2 2013

## Driver and Vehicle Records Division

301 Centennial Mall South, P.O. Box 94789

LINCOLN, NEBRASKA 68509-4789

(402) 471-3918

Fax (402) 471-8694

## COMPLETE ABSTRACT OF RECORD

Print Date: 08/02/2013

Page: 01 of 02

JOEL W SCHOSSOW

Driver License

JOEL W SCHOSSOW

5970 GUNNISON CT

LINCOLN

NE 68521

Resident County: 02

DOB:

Status: VALID

Gender: M Race: W

Height: 6'01" Weight: 190

Eyes: BLU Hair: BLN

DLN/Permit/ID Card:

License Class: 0

Issue County: 02

Issued: 11-29-2012

Expir:

Restrictions: B

Endorsements:

Previous DLN: KS

11-28-2005

## -- CONVICTION/ADMINISTRATIVE ADJUDICATIONS --

SPEEDING 1-10 MPH INTERSTATE

73/65

Citation: 11-28-2012

Judgment: 12-11-2012 COUNTY COURT

LINCOLN

NE

Points: 1

Loc: C

Cit: 1

Statute/Ord: 60-6,186G2

NEGLIGENT DRIVING

Citation: 07-29-2011

Judgment: 08-17-2011 COUNTY COURT

LINCOLN

NE

Points: 2

Loc: C

Cit:

Statute/Ord: 10.14.290A

NO OCCUPANT PROTECTION SYSTEM

Citation: 07-15-2010

Judgment: 08-02-2010 COUNTY COURT

LINCOLN

NE

Points: 0

Loc: C

Cit:

Statute/Ord: 10.14.365

SPEEDING 16-35 MPH MUNICIPAL

47/30

Citation: 07-15-2010

Judgment: 08-02-2010 COUNTY COURT

LINCOLN

NE

Points: 3

Loc:

Cit:

Statute/Ord: 10.14.250D

SPEEDING 11-15 MPH COUNTY/STATE

73/60

Citation: 06-19-2009

Judgment: 07-31-2009 COUNTY COURT

AUBURN

NE

Points: 2

Loc:

Cit:

Statute/Ord: 60-6,186E1

SPEEDING 1-10 MPH COUNTY/STATE

73/65

Citation: 03-05-2008

Judgment: 04-17-2008 COUNTY COURT

NEBRASKA CITY NE

Points: 1

Loc: C

Cit:

Statute/Ord: 60-6,186D2

SPEEDING 11-15 MPH INTERSTATE

70/55

Citation: 02-22-2008

Judgment: 03-18-2008 COUNTY COURT

LINCOLN

NE

Points: 2

Loc:

Cit:

**Driver and Vehicle Records Division**

301 Centennial Mall South, P.O. Box 94789

LINCOLN, NEBRASKA 68509-4789

(402) 471-3918

Fax (402) 471-8694

**COMPLETE ABSTRACT OF RECORD**

Print Date: 08/02/2013

Page: 02 of 02

**JOEL W SCHOSSOW**

Driver License:

Statute/Ord: 60-6,186H1

**DRIVING DURING SUSPENSION**

Citation: 02-04-1994 Judgment: 02-23-1994 COUNTY COURT KEARNEY NE

Points: 0 Probation - 3 MONTHS Release: 05-23-1994

Cit:

\*\*\*\*\*6S9\*\*\*\*\*

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AUG 2 2013

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

This is to certify that the above is a true and correct abstract of the operating record of the above-named individual as contained in our files. Any entry for an accident which may appear above is for statistical purposes only and does not indicate a determination of fault.

Betty Johnson  
Driver and Vehicle Records Division

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements:

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: McKennys Pub LLC

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: McKinney's Pub

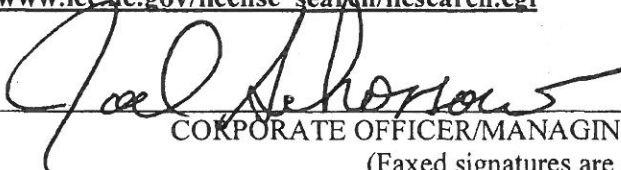
Premise Street Address: 151 North 8th St

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-440-1513

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Schossow First Name: Joel MI: NE

Home Address (include PO Box if applicable): 5970 Garrison Ct

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 509-84-9296 Business Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Pocahontas, IA

Are you married? If yes, complete spouse's information. (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

AUG 2 2013

Spouse's information

NEBRASKA LIQUOR  
CONTROL COMMISSION

Spouses Last Name: Schossow First Name: Heather MI: NE

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: St Paul, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2005	Present	SAME		
Lanexa, KS	2000	2005			



**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	Present	Courtside Banquet Hall & Park Centers Banquet Hall	(Self)	NA
2005	2007	Holiday Inn - Down	Rick Takach	360-737-0442

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one charge, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Joel Schossow	1994	Kearney, NE	Driving under suspension	3 month probation
C-List for	Speeding Tickets			see listing w/ #1

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

Bison Courtside LLC Courtside Banquet Hall 686812  
~~Park~~ Bison Courtside, LLC Park Centers Banquet Hall 688322

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☐ YES ☐ NO

on file from Park Centers Banquet Hall

5. List any alcohol related training and/or experience (when and where).

Responsibility Hospitality Council Lincoln, NE 3/14/2013  
 Manager Courtside Banquet Hall Lincoln, NE 2009-present  
 Manager Park Centers Banquet Hall Lincoln, NE 2011-present

CERTIFICATE OF VITAL RECORD

# STATE OF IOWA

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NEBRASKA LIQUOR  
CONTROL COMMISSION

STATE OF IOWA  
DEPARTMENT OF HEALTH  
CERTIFICATE OF LIVE BIRTH

114-65

CHILD NAME First: <b>Joel</b> Middle: <b>William</b> Last: <b>Schossow</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>9:27 p.m.</b>	
SEX <b>Male</b>	THIS BIRTH—SINGLE, TWIN, TRIPLE, ETC. <b>Single</b>		COUNTY OF BIRTH <b>Pocahontas</b>
CITY, TOWN, OR LOCATION OF BIRTH <b>Pocahontas</b>		HOSPITAL—NAME <b>Pocahontas Community Hospital</b>	
MOTHER—Maiden Name First: <b>Bonita</b> Middle: <b>Ann</b> Last: <b>Beekman</b>		AGE (at time of this birth) <b>23</b>	STATE OF BIRTH (if not in U.S.A., name country) <b>Iowa</b>
RESIDENCE—STATE <b>Iowa</b>	COUNTY <b>Pocahontas</b>	CITY, TOWN, OR LOCATION <b>Pocahontas</b>	STREET AND NUMBER <b>15 1st Ave. N.E.</b>
FATHER—Name First: <b>Cecil</b> Middle: <b>William</b> Last: <b>Schossow, Jr.</b>		AGE (at time of this birth) <b>23</b>	STATE OF BIRTH (if not in U.S.A., name country) <b>Iowa</b>
Informant <b>Cecil W. Schossow, Jr.</b>		RELATION TO CHILD <b>Father</b>	
I certify that the above named child was born alive at the place and time and on the date stated above.		DATE SIGNED <b>10/6/69</b>	ATTENDANT—M.D., D.O., NURSE, OR OTHER (specify) <b>M. D.</b>
SIGNATURE CERTIFIER—NAME <b>John M. Rhodes, M.D.</b>		MAILING ADDRESS <b>Pocahontas, Iowa</b>	
REGISTRAR—SIGNATURE <b>Paul J. Peterson</b>		DATE RECEIVED BY LOCAL REGISTRAR <b>October 8, 1969</b>	

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.  
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

APR 12 2005

Thomas J. Vilsack

GOVERNOR, STATE OF IOWA  
Sally J. Pederson, Lt. Governor

*Gene L. France*  
DEPUTY STATE REGISTRAR

DATE ISSUED  
S0745702  
FORM #588-0328S (01/2005)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



# STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

04/27/2006  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES

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AUG 2 2013

NEBRASKA LIQUOR  
CONTROL COMMISSION

## STATE OF NEBRASKA - DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF LIVE BIRTH

73

CHILD - NAME FIRST MIDDLE LAST Heather Renee Castle			DATE OF BIRTH (MONTH, DAY, YEAR) 2		HOUR 6:43 P.M.
1. SEX Female	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Twin		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) First		COUNTY OF BIRTH Howard
CITY, TOWN, OR LOCATION OF BIRTH St. Paul			INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Howard County Community Hospital
MOTHER - MAIDEN NAME FIRST MIDDLE LAST Cheryle Susan Jorn			AGE (AT TIME OF THIS BIRTH) 20		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska
RESIDENCE - STATE Nebraska			CITY, TOWN, OR LOCATION, zip code Greeley 68842		STREET AND NUMBER
FATHER - NAME FIRST MIDDLE LAST Patrick Roy Castle			AGE (AT TIME OF THIS BIRTH) 22		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska
INFORMANT - NAME OR SIGNATURE Cheryle Castle			DATE SIGNED (MONTH, DAY, YEAR)		RELATION TO CHILD Mother
1. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 10a. SIGNATURE R.M. Fruehling M.D. CERTIFIER - NAME R.M. Fruehling, M.D.			10b. MAILING ADDRESS St. Paul, Nebraska 68873		ATTENDANT - M.D., D.O., OTHER (SPECIFY) Medical Doctor
10c. REGISTRAR - SIGNATURE Lorale Reynolds			DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 11 5 1973		

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED  
AUG 2 2013  
NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Joel Schossow

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

McKenny's Pub LLC # 10178660

LLC Address: 5970 Gunnison Ct

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: 402-440-1513 LLC Fax Number: NA

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Schossow First Name: Joel MI: W

Home Address: 5970 Gunnison Ct City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: \_\_\_\_\_

Joel Schossow  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

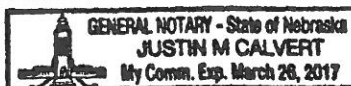
8 August, 2, 2013  
Date

by Joel Schossow

name of person acknowledge

Justin M. Calvert

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Schossow First Name: Joel MI: W *on file*  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Heather Renee Schossow *prints*  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 100%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_